

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **Exterior Wood, Inc.**  
ADDRESS **P.O. Box 206**  
**Washougal, WA 98671**  
  
COUNTY **Cowlitz**  
FACILITY  
  
LOCATION **2685 Index Street**  
**Washougal, WA 98671**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

<b>WA0040711</b>
PERMIT NUMBER

<b>001-Wet Well</b>
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
		01	TO			
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

**Interim Limitations**  
**Submit Monthly**

Form Approved.  
OMB No. 2040-0004

**NOTE: Read instructions before  
completing this form.**

PARAMETER (32-37)		(3 Card Only) (46-53)	QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45)	QUALITY OR CONCENTRATION (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
<sup>1</sup> Total Suspended Solids	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						229	mg/L	0	01/30	Grab	
<sup>2</sup> Copper	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						300	mg/L	0	01/30	Grab	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)	TELEPHONE		DATE		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

<sup>1</sup>TSS limitation is valid until December 31, 2005.

<sup>2</sup>Copper limitation is valid until December 31, 2006.

*Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.*

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

Final Limitations  
Submit Monthly

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow (1-hour average)	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	Report			cfs					n/a	Continuous	Metered
Flow (96 hour average)	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT	Report			cfs					n/a	Continuous	Metered
pH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				6		9	mg/L	0	01/30	Grab	
Oil & Grease	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						10	mg/L	0	01/30	Grab	
<sup>1</sup> Total Suspended Solids	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						50	mg/L	n/a	01/30	Grab	
Arsenic	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT						111	µg/L	n/a	01/30	Grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)					TELEPHONE		DATE			
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

<sup>1</sup>Final TSS limitations starting with January 1, 2006.

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Chromium	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						180	µg/L	n/a	01/30	Grab
<sup>1</sup> Copper	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						160	µg/L	n/a	01/30	Grab
Tebuconazole	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						20	µg/L	n/a	01/30	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

<sup>1</sup>Final Copper limitation as of January 1, 2007.

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.